



EDMUND G. BROWN JR.
GOVERNOR



MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

Central Valley Regional Water Quality Control Board

NOTICE OF NON-COMPLIANCE

9 August 2012

CERTIFIED MAIL

7009 2250 0002 9885 3231

William Hill
c/o Emerald Bay Custom Built Houseboats
4801 Feather River Boulevard #16
Oroville, CA 95965

FAILURE TO OBTAIN COVERAGE UNDER THE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM GENERAL PERMIT NO. CAS000001, ORDER NO. 97-03-DWQ, FOR DISCHARGES OF STORM WATER ASSOCIATED WITH INDUSTRIAL ACTIVITY

An industrial storm water permit is required for storm water discharges associated with specified industrial activities. Establishments engaged in building and repairing boats are specifically subject to the State Water Resources Control Board's General Industrial Storm Water Permit (General Permit). The facility at 4801 Feather River Boulevard #16, Oroville has been identified as a facility that builds and repairs boats (Standard Industrial Classification Code 3732), which is an industry that requires storm water permit coverage. Without permit coverage you may be subject to penalties for discharging storm water.

In order to obtain industrial storm water permit coverage, you may request coverage under the General Permit. Coverage may be obtained by submitting a Notice of Intent (NOI) to comply with the General Permit and by paying the annual fee. Once you file an NOI and pay the fee, you must comply with the requirements of the General Permit. These requirements include the preparation and implementation of a Storm Water Pollution Prevention Plan and annual monitoring of storm water runoff.

You may obtain more information about the Industrial Storm Water Program at the State Water Resources Control Board's web site at:

http://www.waterboards.ca.gov/water_issues/programs/stormwater/industrial.shtml

Enclosed is an NOI form for use in requesting coverage under the General Industrial Storm Water Permit. Please submit the NOI and fee within 30 days of the date on this letter to:

State Water Resources Control Board
Division of Water Quality/Storm Water Unit
P.O. Box 1977
Sacramento, CA 95812-1977

KARL E. LONGLEY SCD, P.E., CHAIR | PAMELA C. CREEDON P.E., BCEE, EXECUTIVE OFFICER

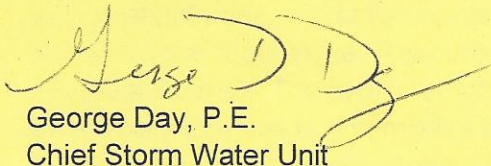
364 Knollcrest Drive, Suite 200, Redding, CA 96002 | www.waterboards.ca.gov/centralvalley

Once your NOI application is processed, the State Water Board will issue a storm water permit number (WDID number) for your facility. Once you received your WDID number, you will need to provide your WDID number to our office at the following address:

Attn: George Day
Central Valley Water Board
364 Knollcrest Drive, Suite #205
Redding, CA 96002

California Water Code section 13399.33 (a) (1) requires that the Central Valley Water Board assess a minimum penalty of \$5,000 for each year in which an industrial activity fails to submit an NOI. In addition, penalties as high as \$10,000 per violation per day, plus \$10 per gallon for each gallon discharged over 1,000 gallons, may be assessed by the Central Valley Water Board should you discharge storm water containing pollutants from your facility. We request that you file the NOI within 30 days to avoid any further enforcement actions related to your failure to obtain coverage under the General Permit.

If you have any questions, please call Scott A. Zaitz at (530) 224-4784.



George Day, P.E.
Chief Storm Water Unit

Enclosures: NOI Form
SWPPP checklist
Copy of 16 March 2012 ISWP letter

cc w/o encl: State Water Resources Control Board, Storm Water Unit, Sacramento
Butte County Environmental Health Department, Oroville

U:\Clerical\Storm_Water\Szaitz\2012\NONC_ISWP_Emeraldbayhouseboats_080712.Docx

SAZ

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>SAZ</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: William Hill 4801 Feather River Blvd. #16 Oroville, CA 95965		B. Received by (Printed Name) C. Date of Delivery <div style="border: 2px solid blue; padding: 5px; text-align: center;"> RECEIVED AUG 15 2012 </div>	
2. Article Number (Transfer from service label) 7009 2250 0002 9885 3231		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

U.S. Postal Service TM	
CERTIFIED MAIL TM RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
SAZ Postage	\$ 1.10
Certified Fee	2.95
Return Receipt Fee (Endorsement Required)	2.35
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.40
Sent To William Hill Street, Apt. No., or PO Box No. 4801 Feather River Blvd. #16 City, State, ZIP+4 Oroville, CA 95965	
PS Form 3800, August 2006 See Reverse for Instructions	